

**TRANSMITTAL
FORM**

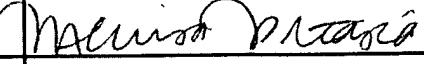
(to be used for all correspondence after initial filing)

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|--|----|------------------------|----------------------|
| | | Application Number | 10/827,187 |
| | | Filing Date | 4/19/2004 |
| | | First Named Inventor | Bavarian, Farshad A. |
| | | Art Unit | 1764 |
| | | Examiner Name | Merkling, Matthew J. |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | X-0170 |

ENCLOSURES (check all that apply)

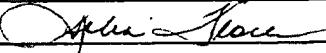
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): | |
| | | Remarks | |
| | | If any additional fees are required, the Director is hereby authorized to charge such fees to Deposit Account No. 03-1620, referencing Attorney Docket Number X-0170. | |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|-------|
| Firm Name | Chevron Services Company (Customer No. 38393) | | |
| Signature |  | | |
| Printed Name | Melissa Patangia | | |
| Date | March 25, 2008 | Reg. No. | 52098 |

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| Signature |  | | |
| Typed or printed name | Delia Flores | Date | March 25, 2008 |

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